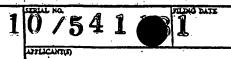
MULTIPLE DEPENDENT CLAIM FEE CAL ATION SHEET (FOR USE WITH FORM PTO-875)



CLAIMS

	AS FILED		AFTER		AFTER					AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						·		51					. ,		
3	<u> </u>		┷					_52_							
4		1						53		<u> </u>		<u> </u>			
. 5			 	 	-			<u>54</u> 55		·			<u> </u>	 	
6								56	-					 	
7	ļ	1					1	57		-	 	-		 	
8	├	 					1	58					 	 	
10	-	 - - - 	 	 	 	<u> </u>	4	59							
11		11-	1	 	-	-	}	60	<u> </u>	<u> </u>					
12				 	 		1	62			<u> </u>	-	 		
13							1	63	 		 	 	-	 	
14							1	64	 	 	 	┼		 	
15	 	11-	 			•] .	65	 	 	 	┼──	 -	┼	
16 17	++]	66			1	+	1-	+	
18	 	1-7-	 	 	-		↓ .	67			1	1	1	+	
19	1	1-1-	 	+	 	 	4	68					1	†	
20		1	1	-	 	 	{	69						1	
21					—	 	1	70							
222					 		.	71		<u> </u>					
23	 	-				 	1	72 73	 	-	<u> </u>				
24	 	-4-	<u> </u>					74	-	 		 			
26 .			 -	 			1	75.		 			<u> </u>		
27	 	 						76				├	 -	<u> </u>	
28	 			<u> </u>]	77			-	 		 	
29				-				78			· ·	-	 	 	
30								. 79		•		 	 		
31								80				-			
32				-				81					•	· ·	
33					-	-		. 82							
34								-83							
35							· · ·	84							
36								85							
37			·		•	·		86 · 87							
38	<u> </u>							88	<u></u>						
39 40	 							89			 				
41			<u> </u>					90						 	
42							•	91				 			
43								92							
44			-					93					-	 	
45				<u> </u>				94					 	 	
46								95				-		 	
47								'96					<u> </u>	 	
48								97							
49							:	98	·						
50								99						-	
TOTAL	7				· · · ·			100					<u> </u>	<u> </u>	
DO.	A	$ \Psi $		Ψ	<u> </u>	4		TOTAL		4		Ψ.	<u> </u>	N.	
DEP.	30	+		+		4		TOTAL BED.	-	•		•	-	Ψ	
TOTAL	32				-					((<u> </u>	_	
	(YY)			F	L		<u> </u>	TOTAL			l				